

Beaumaris Healthcare Limited

# Beaumaris Healthcare Limited

## Inspection report

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Date of inspection visit:  
06 December 2017  
07 December 2017

Date of publication:  
20 June 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 6 and 7 December 2017 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It is registered to provide a service to older adults who may have dementia, mental health concerns or a sensory impairment. At the time of our inspection 48 people were using the service.

Not everyone using Beaumaris Healthcare Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is required to have a registered manager in post. The current manager had been in post since 1 November 2017 and had submitted their application to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In January 2017 the provider and location changed their name from Tender Care (Newport) Limited to Beaumaris Healthcare Limited. The provider of the service did not change. The last inspection referred to throughout this report was completed when the location and provider was called Tender Care (Newport).

This is the second consecutive time the service has been rated as Requires Improvement.

At the last inspection in September 2016, we found that the provider was in breach of a regulation in relation to the governance of the service. We had found that people were not always protected by effective quality assurance systems. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good.

At this inspection we found that improvement had been made to the service with regards to the consistency of care the service provided. However, areas we had identified as requiring improvement at the last inspection had not been improved on sufficiently. We found there was a continuation of the breach of regulation in relation to the governance of the service. This was because the provider's quality monitoring systems were not effective in identifying and resolving improvement needed. We also found continuing concerns with the management of people's medicine and the management of risk and found the provider to be in breach of the regulation relating to safe care and treatment.

Sufficient improvement had not been made since the last inspection in relation to how people's medicines were managed. Although people told us they received their medicines when they needed them, records did not always accurately describe the level of support people needed with their medicines and staff did not fully understand their responsibilities. We also found gaps in the recording of medicines where staff had not

signed to confirm people had taken their medicines.

At our last inspection we had identified that risk assessments were in place but were not always specific to people's individual needs. At this inspection, we found the same and it was not always clear how risks to people were to be managed. Although safety measures were in place to protect people, it was not always documented why equipment to restrict people's movement had been considered and agreed as the best option. However, staff understood how to keep people safe within their own home environment and in relation to their individual needs.

Improvement had not been made since the last inspection to monitor whether people received their care calls as planned. The service relied on people and their relatives informing them if staff did not attend their care call. Although a new call management system was due to be rolled out this was not established at our inspection.

People felt that staff treated them fairly and felt safe with the staff that supported them. Staff had received training in and understood how to protect people from any abuse or discrimination. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

Employment and identity checks were completed on potential new staff to make sure they were suitable to work with people in their own homes.

Staff had received training to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support and involved them in decision making. Where people were unable to make their own decisions, staff and the manager understood their responsibilities in ensuring people's rights were protected.

Staff encouraged people to eat and drink enough and supported them to make their own choices about what they wanted to eat and drink. Where responsible, people were supported with their health needs and staff worked with other professionals to make sure effective care was provided.

Improvement had been made to the consistency of care people received and they were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and treated people with dignity and respect.

People felt involved in the planning of their care but not everyone thought their care had been reviewed regularly. Staff knew people's preferences and wishes in regard to their care and support but this was not reflected in their care records.

People were happy with the care and support they received and gave positive comments about the staff and management at the service.

People knew how to raise complaints and concerns and were able to give their opinions of the service. They were happy with how their concerns were dealt with and resolved and felt listened to.

The service had a positive culture where staff spoke positively about the improvements made to the consistency of people's care. Staff were happy in their work and were clear about their roles and

responsibilities; they felt supported by management and involved in the development of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

The provider did not have a safe system in place for the management of people's medicines.

Risks posed to people were not always appropriately assessed and managed; this included the use of equipment to restrict people's movement.

People felt safe with the staff that supported them.

There was enough staff available to respond to and meet people's needs consistently.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received training to give them the skills they needed to support people's needs. However, training was not always effective in giving staff the skills to manage people's medicines.

Staff respected people's right to make their own decisions and supported them to do so. However, people's consent to their care was not always recorded.

Where required, people were supported to access healthcare from other professionals and the service worked with other organisations to enable them to provide effective care.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness and respect and felt involved in their own care. They had positive relationships with the staff that supported them because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

Is the service responsive?

The service was not consistently responsive.

Although people felt staff knew their likes, dislikes and preferences, this information was not always within their care planning and available for staff. People's equality, diversity and human rights and the availability of information in accessible formats had not been fully considered when planning people's care.

People felt staff provided care that was centred on them and met their needs.

People were provided with opportunities to make comments or raise complaints about the care they received.

### **Is the service well-led?**

The service was not consistently well-led.

Although quality monitoring systems were in place these were not effective in identifying and driving improvement within the service.

People gave positive comments about the care and support they received from all staff at the service.

Staff understood what was expected of them and were supported in their roles.

**Requires Improvement** ●

# Beaumaris Healthcare Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced. We gave the service four days' notice of the inspection because we needed to confirm which people we could contact for their experiences of the service. The service also did not have a registered manager in post so we needed to be certain a manager would be available.

We visited the office location on 6 and 7 December 2017 to see the provider, manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who used the service and four relatives. We had also

received feedback from 13 people, one relative and six staff from questionnaires we had sent prior to our inspection. We spoke with ten staff which included care staff, the recruitment manager, the manager, the assistant manager, the provider and the group services director. We viewed five care records which included care plans, risk assessments and medicine records. We also looked at three staff recruitment records and records relating to how the service was managed.

# Is the service safe?

## Our findings

At the last inspection we identified concerns around the safe management of people's medicines and the assessment and recording of risk. We also found that people did not always receive support from sufficient numbers of staff. At this inspection we found there were sufficient staff but we again identified concerns around the management of risk and people's medicines. The rating continues to be Requires Improvement.

People we spoke with told us they received their medicines when they needed them. One person said, "They [staff] get them out of a blister pack and give me them with a glass of water and make sure I take them safely." Staff we spoke with told us they had received training in the management of medicines and understood the procedures they needed to follow. This included the importance of completing records accurately to confirm they had administered, assisted or prompted people to have their medicine. However, we found that staff did not fully understand their responsibilities in relation to medicines and did not always demonstrate this in their practice. Staff we spoke with did not understand the different types of support they could give to people and the support that people needed was not always clearly defined in their care plans. We found one person's care records which gave inconsistent information. The person's risk assessment stated staff were to 'prompt' them to take their medicine. However, their care plan stated staff were to 'administer' the person's medicine. This placed people at risk of harm because information relating to the support people needed with their medicines was not clearly defined and understood.

People were placed at an increased risk of harm due to the unsafe management of medicines. We found that records relating to medicines support were not always completed or completed accurately. This included one record where staff had signed in the wrong place and then in the correct place. This meant the person appeared to have received too many doses of their medicine. We confirmed with the manager that this was not the case. We also found missing signatures in people's medicines records and a lack of consistency as to where staff signed to say they had supported people with their medicines. There were times when staff had not signed people's medicine's record; however, when we checked the daily care records these recorded those medicines had been administered or prompted by staff. We found this was the case with one person who required medicine that needed to be taken at specific times each day. We asked the manager to confirm this person had received their medicine. They had to search through this person's daily records to confirm they had received their medicine as prescribed. They confirmed no effective system was in place to provide assurance that people had received their medicine as prescribed. This places people at a significant risk of harm, especially when people require time critical medicines.

We found some people's records did not have clear information on which medicines they had been prescribed and how they were to be administered. Some people took their medicines only when required such as pain relief. No protocols were in place to monitor these medicines or give staff clear instruction on why and when people might need this medicine. We also saw that where one person was prescribed a topical medicine, staff had not applied this as it had been prescribed. The manager could not tell us why this had not been applied. Where records are not completed accurately the provider cannot be certain that people have received their medicines as prescribed. The manager had recognised some shortfalls around the recording of people's medicines management and had spoken to staff, but they told us these issues

continued to occur. We spoke with the provider about what we had found and they were not aware of any on-going issues with the management of people's medicines.

Although risk assessments were in place we found these were generic and not always specific to people's individual needs. They did not always clarify how the risk was to be managed by staff. One person's care plan stated that staff were to check equipment and ensure their pressure relieving mattress was on the correct setting. However, no guidance was given to staff on what they were checking or what setting the pressure relieving mattress needed to be at. The manager confirmed that staff would seek advice from the office staff if they thought the mattress was not correctly set. They told us they thought the required setting was recorded at the person's house but could not confirm this for us. We also found one person's care plan stated that staff were to ensure their bed rails were in place. No assessment had been completed to establish why this restriction was required for this person and we found no records that they had consented to these being in place. The manager confirmed that there was no risk assessment or consent in place for these bed rails. The provider's risk management procedures did not consider the safe use of bed rails or how staff established this was the least restrictive option for individual people.

Staff understood how to keep people safe within their own home environment. One staff member said, "Some people we care for have poor mobility, so we make sure they get from A to B safely. That they are safe in the shower, around the home and we look out for any slip hazards." However, when supporting people's specific needs staff told us care records did not always contain enough information for them to know how to support people safely. One staff member said, "The care plan gives general information but it is scattered around in different places (within the care plan). I have to get to know the person to know how well they mobilise."

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their care calls as planned and they now received their care from regular staff rather than agency staff. This had improved their feeling of being safe with the staff that supported them. The manager told us that no agency staff had been used at the service since January 2017 and there were no staff vacancies at present. Permanent staff now worked in their own local areas which meant that people were supported by the same core team of staff. The only exception to this was if shifts had to be covered at short notice, for example through staff sickness. People now had rotas sent to them weekly so they were aware of which staff would be supporting them. If any changes were made then office staff would contact people directly. The recruitment manager confirmed that they were due to start using a new electronic system in the near future. This was designed to help monitor staff attendance at people's care calls and help to make sure the staff who supported people had the right skills mix to meet their needs safely.

People and their relatives told us they felt safe when they received care and support from staff. One person said, "I feel quite safe with whoever comes. My mobility changes on a daily basis so they [staff] adapt to how much support I need when washing me and dressing me." Staff understood their responsibilities and the provider's systems for identifying and reporting any signs of abuse or neglect. They also were aware of how to protect people from discrimination and harassment to ensure people remained safe within their homes. One staff member said, "We are looking after their [people's] best interests, their safety and their wellbeing. We look out for any signs of abuse and look after their needs. That's how we keep them safe." Another staff member told us they felt that staff now worked better together because agency staff were no longer used. They said, "We protect people by checking on them and if we have any concerns we phone the office. Things happen now; there is better teamwork to co-ordinate people's care between staff to the office. This didn't happen before."

The manager understood the need for people to be involved in discussions about their safety. Following a recent concern raised by one person's family the manager had spoken with the person in order to find out what they wanted to happen to help them remain safe within their own house. The manager understood the process they needed to follow and their responsibilities with reporting and taking advice about safeguarding concerns from the local authority.

People were supported by staff who had received appropriate checks prior to starting work with them. New staff we spoke with confirmed the checks that had been done prior to them starting work at the service. They confirmed that the provider had requested their previous employers to provide references for them. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people in their own homes. These checks are called disclosure and barring service checks. We looked at staff recruitment records and confirmed these checks had been carried out.

People we spoke with confirmed that staff wore aprons and gloves when in their homes. Staff had access to supplies of protective equipment such as plastic aprons and gloves to use when they supported people, to prevent the spread of infection. They told us that supplies of aprons and gloves were kept in the office and they were able to come and help themselves when they needed them. They confirmed and records showed, they had received training in infection prevention and control.

## Is the service effective?

### Our findings

At the last inspection we identified that staff had not received the training they needed to support people's needs effectively. The provider had also failed to meet the requirements of the Mental Capacity Act 2005 where staff made decisions on people's behalf. At this inspection we found that whilst some improvement had been made in these areas, staff had not been suitably trained in relation to medicines management. This rating remains as Requires Improvement.

We found that despite staff receiving medicines training this had not been effective in ensuring staff competence. Three staff were not clear on the differing levels of support they gave to people and there were also on-going issues with staff not completing records correctly. Staff competence had not been monitored in a way that sought to improve their practice and ensure training had been effective. The group services director told us they would arrange for staff to receive external training in medicines rather than the in-house training they currently received.

We spoke with staff who had recently started working for the service. They told us part of their induction training had been to complete core training and learn about the company policies and procedures. They completed their training before they had started to support people and then worked alongside more experienced staff. One staff member said, "This helped to start to build up a relationship (with people) and find out how they like things done and what they like." They told us that for their moving and handling training they had experienced what it was like to be moved in a hoist. "It makes you realise that they (people) are putting all their trust in you and I appreciated how it felt in the hoist for them." New staff we spoke with confirmed that the induction training they received gave them the skills needed to support people.

Staff told us they now got the training they needed because there was more permanent staff at the service, rather than agency staff. They told us that at the last inspection they did not have the time allocated to complete training because the service was short staffed. People told us they were happy with the skills that staff had. All of the people and relatives we spoke with felt staff knew and understood how to support their individual needs. One person said, "Their skills are good. They display a lot of knowledge and always know what I require. I would say they are well trained and that shows in them knowing and remembering what I like and don't like." Another person spoke about how all the staff they saw treated them in the same way. They said, "I would not be without them. Whoever comes, they always treat me fairly and on the same level."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understanding of the MCA had improved since the last inspection and staff told us they had completed

training. Staff and the manager all confirmed they did not support anyone who could not make their own decisions about their care and treatment. Staff knew that if they did they would involve the family and make sure the support they gave was in the person's best interests. They were aware of the principles of the MCA and were clear they would always refer concerns about people's capacity to the manager. The manager also confirmed they did not support anyone, with the regulated activity of personal care, who was lawfully deprived of their liberty. The manager understood the processes they would need to follow should the service support people who could not make their own decisions about their care and treatment. This included where people may be deprived of their liberty.

People confirmed that staff always asked for their consent prior to providing any care and support. One person said, "They (staff) always ask how I am and don't start anything without asking me if it is ok first." Another person told us, "They (staff) check my care plan and speak to me before commencing on anything." People's care records we looked at were not consistent in demonstrating the level of consent people had given. Care records held at the location office did not always include that people's consent had been sought. The manager told us that records could not be found to confirm that one person had consented to having bed rails in place.

People told us they were supported to have enough to eat and drink. Not everyone we spoke with needed help with maintaining a balanced diet and were able to support themselves with this. People spoken with told us that staff offered them choices based on what they provisions they had. One person told us, "They (staff) always ask me if I am ok before starting on anything and always ask me what I fancy for breakfast before getting it for me." One staff member told us they prepared meals for the people they supported. They said, "I ask them (people) what they want, it's their choice. I will ask if they want a drink or a snack before I go. They may want something for later. We always record what they have eaten so we can make sure they are eating enough." People's care plans identified what assistance they needed. The manager told us if any problems were identified with eating or drinking, such as swallowing problems, care plans would reflect the risk and the support required.

People told us they had full input into their care plans when they first started using the service. They confirmed that the care provided by staff was the care identified on their care plans. One person told us someone from the service had come to see them in hospital prior to their discharge. They said, "It was to see what support I needed before they released me." Another person said, "I do my (care) plan and review it together with my daughters." One relative told us the support staff had given to their family member had helped to aid their recovery. They felt this showed the care delivered by staff was good. They said, "Staff that we have seen appear to be well trained and competent. (Name of person) has improved and we have now reduced the number of care calls."

The manager told us they worked with hospital teams where people were discharged from hospital into their care. They would attend assessments that the hospital occupation therapists completed to make sure any equipment that was needed for people was in place prior to their discharge. Where people did not come from hospital, the manager told us they would look at equipment needed and liaise with the local authority where needed. This could include moving and handling equipment which would be arranged through community physiotherapy or occupational therapy.

Everyone we spoke with told us they or their family arranged their own healthcare appointments as necessary. The manager told us that if needed they would make referrals for people to healthcare services such as district nurses and GPs. This could be if they had concerns about skin care or people's medicines, for example.

## Is the service caring?

### Our findings

At this inspection, people continued to receive care and support that was provided in a kind and caring way. The rating continues to be Good.

People spoke positively about the care and support they received from staff. Feedback we received from questionnaires also praised positive relationships people and relatives had with staff. All agreed that they were treated with kindness and compassion. One person said, "I treat (staff member) as a friend. They are so caring toward me; it is a pleasure when they come." Another person said, "I am very happy with them (staff). They are always caring and considerate in their approach and will always ensure I am alright before they leave." One relative told us that staff were caring and supportive with their family member. They said, "They [staff] know my relative well and communicate well with them."

People felt they were treated fairly by the staff that supported them. They felt listened to and their views respected. One person told us, "The only problem I did have was that they sent a male carer once and I was not happy. I refused and phoned them, I didn't feel comfortable having him do personal care, but they were fine with it and I just have ladies now." People told us that because they now saw the same care staff, they had built good relationships with them. This was something that staff recognised as being important to people and to themselves. One staff member said, "You get to know their (people's) personalities over time. I know who I can have a laugh with, or how to address them; do I call them by their first name or Mr or Mrs? Because I now work with the same people I know them and they know me."

Everyone we spoke with told us they were involved in making decisions about their care and support needs and felt their choices were respected. People told us that staff communicated with them in a way they understood. One relative said, "They (staff) are always chatting to [family member] and asking if they are alright to move before doing anything. They speak and communicate really well with them."

Staff understood the importance of making sure people had choices. All staff spoke about how they supported people with this, which included making sure alternatives were offered. One staff member said, "I always offer alternatives if they don't want something, such as a wash if they don't want a bath or shower. Some people can get a bit confused but they still know what they want and don't want and can tell you." Another staff member spoke about making sure people felt in control of what happened to them. They said, "We have to let them have the control over their care because they've lost a little bit just by having us there."

People's rights to privacy and dignity were supported by staff, especially when being assisted with personal care. People told us that staff were considerate when helping them and never made them feel embarrassed. One person said, "My privacy and dignity is most respected by all of them. They always close the door and curtains before commencing showering me." Staff understood the importance of maintaining people's privacy, dignity and independence and told us they always encouraged people to do what they could. One staff member said, "I promote independence, I don't take it away from them. I ask if they want assistance and I never take over doing something for them, unless they agree to it." Another staff member told us they always spoke with people about what support they needed and encouraged them to do something for

themselves. They said, "Even if it's washing their face. We have to be patient. It is human nature to want to help but we can't take over just because they may be slow."

## Is the service responsive?

### Our findings

At the last inspection we found the provider did not provide a service that was consistently responsive to people's needs. This was due to the service being reliant on agency staff who did not know or understand people's needs. At this inspection we found that although improvement had been made and agency staff were no longer used, people did not receive a service that was fully responsive to their needs. We found there was a lack of focus on people's equality and diversity needs, which could have an impact on the assessment and planning of people's care. The rating remains as Requires Improvement.

We got mixed opinions when we asked people how they contributed to the planning and review of their own care. Three people told us they could not remember ever having any review of their care done. However, other people we spoke with told us they felt fully involved in identifying their needs. The manager told us everyone's care plan was reviewed at least yearly and this would be more often if their care needs changed. They told us that therefore, some people may not have had their care plan reviewed within the last year if their care needs had not changed.

Staff told us they considered people's care plans to be up to date but two staff had told us they thought they did not get provided with enough information about people's care needs. If people's needs changed they would tell the manager who would visit the person to review their care plan. The manager told us that they still completed some care calls and they took the opportunity to speak with people about the care they received. The manager and the assistant manager told us they also spoke regularly with people over the telephone. However, no records were kept to confirm these people had the opportunity to be involved in the planning and review of their own care at these times.

People felt staff provided care that was centred on them and met their needs. They told us staff knew their likes, dislikes and preferences. One person said, "They (staff) know I like to have a laugh and chat. They always go out of their way to make me feel good." Two staff members told us people's care plans told them how to support people, but did not give much information about them as individuals. One staff member said, "I have to get to know the person I'm supporting to know their preferences."

We saw that whilst people had care plans in place, there was a lack of focus on what their preferences and wishes were in relation to how they would like their care delivered. There was also a lack of information about the person as an individual. We found that the provider had not ensured people's care plans fully reflected their holistic and individual needs and did not fully demonstrate how person centred care was to be delivered. However, the provider had already recognised that care plans needed improving to show they considered the whole person. The manager told us that the assistant manager had recently completed training in person centred care to help improve people's care plans. This training would eventually be rolled out to all staff.

We spoke with staff to confirm they understood what person centred care was and why it was important in providing care that was responsive to people's needs. We found staff had a good understanding of this. One staff member said, "It's about what they (people) need and want, doing what they want and tailoring care to

them." Another staff member said, "It's about treating them (people) like a human being. I treat people how I want to be treated myself".

The manager told us that they identified people's communication needs as part of care planning. Whilst no consideration had been given to identifying where people may have specific accessible information needs; the manager told us they would provide information in different formats if this was requested. However, the manager confirmed there was currently no information available to staff and the service in supporting people to have information in accessible formats where this was required. However, we did see that one person who only received social support had been provided with a weekly planner in an easy read format.

We found that the provider had not kept up to date with current guidance and best practices around The Accessible Information Standards and Equality, Diversity and Human Rights. The manager confirmed that they were not aware of these and that no consideration had been given to these within the service provision. They told us that as they were now aware of these, they would ensure these were considered and actioned within the service provision. They also told us they were in the process of sourcing training on equality and diversity for staff.

People and relatives all told us the responsiveness of care had improved because only permanent staff were now employed by the service. All commented on the previous use of agency staff and that they were now much happier with the service provided. One person said, "I won't accept agency staff. A year ago some came from Birmingham and it wasn't good. That doesn't happen now." Another person told us, "They used to send agency staff and to be honest I couldn't understand them. It was not good. I now get a couple of regular ones (care staff) so things have certainly improved." The manager confirmed that since January 2017 no agency staff had been used at the service. Because of this, staff now supported the same people and people told us they received a consistency of care.

Staff also told us about the improvement in the consistency of care people received. One staff member said, "People are now coming first because we have enough staff and we now work in our regular areas. This gives them [people] the consistency of seeing the same staff faces. This is especially important if they have dementia because it can confuse and worry them if they have different staff all the time." Another staff member said, "The service users are happier now. They have more stability and continuity from us."

People told us they felt comfortable to raise complaints and concerns with the service. Where people had contacted the service they told us their concerns had been resolved to their satisfaction. One person said, "A while ago I spoke with them about them sending a male carer to me, which I didn't want. They respected my wishes and I have had ladies since." People and relatives confirmed that they had contact numbers and information on who to contact and how to make a complaint. We saw the provider had a complaints process in place which was used to respond to and investigate all complaints received.

## Is the service well-led?

### Our findings

At the last inspection we found the service to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the quality assurance systems in place had not ensured the effective delivery of care and we rated this key question as Requires Improvement. We also found that the provider was unable to confirm if people had received their care calls as planned because there was no system in place to monitor this. At this inspection we found insufficient improvement had been made and the breach of regulation is on-going. Whilst we saw improvement in the consistency of care provided, there were continued concerns with the quality monitoring systems, risk management and the management of medicines.

We found that potential risks to people's safety and wellbeing were still not assessed consistently. Whilst staff were knowledgeable about people's needs and risks, we found risk assessments were generic and lacked clarity about individual risk and the actions required to mitigate these.

Improvement had not been made since our last inspection as to how the provider was assured people received their care calls. No effective system was in place to monitor staff attendance at people's homes. There was a reliance on people and relatives letting the office staff know if care staff had not turned up at their homes which could place people at an increased risk if they were unable to contact the service. We had concerns at our last inspection because we found gaps in one person's daily record of care and the provider was unable to confirm if planned care calls had actually taken place. At this inspection we found one person who the manager could not confirm, at the time of the inspection, if they had received their medicine and their evening care call for one day. This was because their medicine record had not been signed and there was no record of their care call in the person's daily care records. The manager and assistant manager confirmed the staff member had not returned their rota. This rota should be signed by the person receiving the care call and returned to the office weekly by staff. The manager told us this was how they could have ensured this person had received their care call and therefore their medicines. The manager contacted us 11 days after our visit to confirm they had found this person's call record. They told us, "[A staff member] had written on the wrong page. I found it after sifting through all the logs. This confirms [the staff member] attended the call."

After our last inspection the provider had sent us an action plan which told us the action they would take to meet the regulation. Whilst some of these actions had been achieved, we found there were still actions that had not been taken, one of which was that care plan reviews would take place every three months. This had not happened and the manager confirmed that care plan reviews took place yearly. People therefore, could be placed at risk of not having care that meets their needs safely.

We found this action plan had not been handed over to the current manager and that no one had been responsible for monitoring improvements relating to the breach of regulation. The group services director told us the senior management team and provider had recognised that the previous manager had not completed their role with regards to audits or staff supervisions. The provider felt this was one of the reasons why progress had not been made in all areas since the last inspection. However, we found concerns with

current audits which had not been picked up by the provider or current manager. Medicine audits had not been effective in identifying and resolving on-going concerns with the management of medicines. We looked at one medicine record audit completed by the manager that stated there were no missing signatures. However, we saw a missing signature for an evening care call where a staff member had not signed to say the person had received their prescribed medicines. The manager was able to evidence that individual staff had been reminded about the correct procedures for completing medicine records. However, there was no specific reference or audit back to individual staff errors found on people's medicine records. The manager was therefore not able to confirm that people had received their medicines as prescribed.

People's care records kept at the location office were not always complete and had not been dated. Staff had not always signed assessments they had completed and where records asked for people's signatures these were often missing. The manager told us that all of the completed records would be at people's homes and not kept at the office. This was confirmed by staff we spoke with. However, during our visit the manager and assistant manager had difficulty locating information for us because the information was not readily accessible at the office. This lack of oversight of people's care records could place people at risk, as important information about their care was not easily available.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previous registered manager left the service in January 2017 and has since deregistered with us. Two managers had been in post since this time and neither had registered with us. The group services manager confirmed the management arrangements that had been put into place whilst they recruited into the post of registered manager. Management oversight would be provided by themselves, the assistant manager and the general business manager.

Staff who worked at the service at the last inspection told us the service had improved since the last inspection. One staff member told us there had been three managers in the last 12 months and this had been unsettling for staff. They said, "We've got management we can go to now and that helps us." Staff told us that the manager knew people well and helped out on care calls when needed. One staff member said, "[The manager] is spot-on. They've worked their way up to manager and are more approachable than the others. They care."

Staff felt supported in their roles and said that as a staff team they felt more settled. They told us they now had regular staff meetings and one to one meetings where they discussed practice and had opportunities to present their views or raise concerns. Staff had been kept up to date with the management changes and told us the provider had given staff an update on the service and plans for improvement. Staff also felt information was shared well throughout the service and they were encouraged to "do their best" at all times. One staff member said, "I know if I have a concern or if something was the matter I can come to the office and be listened to. It's an open door and I feel I can drop in the office at any time."

The provider sought people's views on the service. People and relatives knew who the manager was and told us they were approachable and responded to their concerns. People had been invited to give their feedback on the service through a satisfaction survey. This was sent to people in November 2017 and although there were only a small number of responses, we saw that these were positive. The manager told us they would contact people on an individual basis if they had raised any specific concerns.

We spoke with the manager and group services director about how the quality of the service was monitored. They both acknowledged that improvement had been slow since the last inspection. But, since the

appointment of the current manager they had been working together to look at improving the quality assurance audits undertaken. These audits had only started to become structured in the two months prior to this inspection so we could not accurately inspect the effectiveness of these. However, we could see a clear system was in place to monitor and report on areas such as accidents and incidents, staff observations and completion of documentation. The provider was kept updated through monthly senior management meetings and was present at the location offices on a regular basis.

Where required statutory notifications have been sent to us to keep us informed of specific events that have happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events that happen such as allegations of abuse, serious injuries and any events that affect the service and the people who use it. They play a key role in our on-going monitoring of services.

The rating from the last inspection was displayed within the location and on the provider's website as required.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess all risk associated with the health and safety of service users. The provider had failed to ensure the safe management of medicines. Regulation 12 (2)(a), (b), (g)</p>

### The enforcement action we took:

We imposed conditions on the provider's registration for this location. These conditions require the provider to send to the Commission an action plan detailing how they plan to ensure the safe management of medicines. The provider must also send to the Commission written evidence that all risk assessments for service users have been reviewed and include plans for managing risk.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there was effective governance and quality systems in place to ensure the quality and safety of care was assessed, monitored and improved as needed. Accurate and complete records were not maintained in relation to decisions made about people's care and treatment. Regulation 17 (1)(2)(a)(b)(c)(f)</p>

### The enforcement action we took:

We imposed a condition on the provider's registration for this location. This condition requires the provider to send to the Commission a report, each month, summarising the governance and quality assurance activities carried out. The report must include the assessment and management of risk to service users, audits relating to the management of medicines and confirmation of staff competency in supporting service users with their medicines.